



Recommendations made by the PBAC: September 2025 intracycle meeting

Review of PBS Prescriber Bag Schedule

At the September 2025 intracycle meeting, the PBAC considered stakeholder input for the following:

- (1) current Prescriber Bag listings that could be removed without replacement
- (2) addition of alternate strengths of current Prescriber Bag listings
- (3) increased maximum quantities of current Prescriber Bag listings
- (4) new medicine additions that could either replace an existing Prescriber Bag item or be listed in addition to the existing option(s).

The PBAC reviewed all existing Prescriber Bag listings independently of whether stakeholders provided input on a particular medicine. The PBAC also considered a submission from the Australian College of Midwives which sought to add endorsed midwives as eligible prescribers of benzathine benzylpenicillin injection and adrenaline ampoules.

The suitability of each medicine for Prescriber Bag listing was considered in the context of the following summarised algorithm:

1	TGA Registration status: the medicine is TGA registered for the proposed use.
2	Primary care context: the medical condition that the medicine treats is likely to result in a patient seeking treatment in a primary health care setting.
3	Treatment immediacy: the medical condition is acute, and the medicine is intended for immediate, ‘on the spot’ administration (or with assistance) to the patient as a one-off dose.
4	Quality use of medicines (QUM) considerations: the comparative effectiveness, safety and cost of the medicine relative to alternative options has been considered; potential wastage; the medicine’s scheduling, storage requirements, typical shelf life of the medicine and labelling requirements.

The PBAC’s September 2025 meeting recommendations are summarised in Table 1 below.



Table 1: September 2025 PBAC recommendations on Prescriber Bag items Tranche 1

Medicine	Review of PBS Prescriber Bag PBAC September 2025 recommendation
(1) Stakeholder input on current Prescriber Bag listings that could be removed without replacement	
benzathine benzylpenicillin	The PBAC noted stakeholder requests and supporting rationales to remove these items.
salbutamol ampoules (for inhalation via nebulisation)	The PBAC considered that benzathine penicillin, salbutamol ampoules and all strengths of morphine ampoules meet the algorithm criteria and therefore recommended that these medicinal products continue to be Prescriber Bag pharmaceutical benefits.
morphine 15 mg/mL, 20 mg/mL, and 30 mg/mL ampoules (retaining the 10 mg/mL strength)	
(2) Stakeholder input on additional strengths of current Prescriber Bag listings	
phytomenadione 10 mg/mL, 0.2 mL	The PBAC noted stakeholder requests and supporting rationales to list alternate strengths of currently listed phytomenadione, adrenaline and furosemide PB items.
adrenaline (epinephrine) 1:10,000 (1 mg/10 mL) injection	The PBAC did not recommend the inclusion in the Prescriber Bag at this time due to the absence of: (i) any pricing proposal from at least one sponsor of the medicine, (ii) estimates of expected utilisation and estimates of financial implications, and (iii) a current General Schedule PBS listing reflective of the medicine having been considered cost-effective for the intended use. The PBAC noted that the lack of a PBS General Schedule listing of these items was a significant practical barrier to consideration for inclusion in the Prescriber Bag.
furosemide 50 mg/5 mL injection	
furosemide 40 mg/4 mL injection	
(3) Stakeholder input on increased maximum quantities of current Prescriber Bag listings	
adrenaline (epinephrine) ampoules - increase to 2 packs (10 units)	The PBAC noted stakeholder requests and supporting rationales to list increased maximum quantities of these Prescriber Bag items.
furosemide ampoules - increase to more than existing quantity	



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Medicine	Review of PBS Prescriber Bag PBAC September 2025 recommendation
lidocaine ampoules - increase to 2 packs (10 units) or up to 10 packs (50 units)	The PBAC considered that the basis and justification of requests to increase maximum available quantities of current Prescriber Bag items were unclear. Noting the risk of wastage occurring through ordered, but unused expired medicines, the PBAC did not recommend any changes to current maximum quantities for any of the requested items. The PBAC further noted that some medical practices pooled the Prescriber Bag supplies ordered by individual practitioners which would effectively increase the maximum quantity beyond what is specified in the Prescriber Bag.
methoxyflurane - increase to 2 units	
salbutamol metered dose inhaler - increase to 2 units or more	
(4) Stakeholder requests for new medicine additions that could either replace an existing Prescriber Bag item, or be in addition to the existing option(s)	
<p>New: ondansetron injection and tablets</p> <p>Current options: metoclopramide and prochlorperazine injections</p>	<p>Not recommended.</p> <p>The PBAC noted stakeholder requests and supporting rationales to list ondansetron in the Prescriber Bag.</p> <p>Ondansetron does not have a TGA-approved indication for the proposed uses which included nausea and vomiting that are not related to cytotoxic therapy or radiotherapy.</p> <p>The PBAC requested that the Department undertake a separate research project on the potential establishment of an unrestricted benefit General Schedule listing for ondansetron tablets. The PBAC requested estimates of utilisation and costs to the PBS be brought to a future meeting for its consideration.</p>
<p>New: ceftriaxone injection</p> <p>Current option: benzylpenicillin injection</p>	<p>Recommended.</p> <p>The PBAC noted stakeholder requests and supporting rationales to list ceftriaxone in the Prescriber Bag.</p> <p>The PBAC considered all algorithm criteria were met and noted ceftriaxone is routinely used as part of empiric antimicrobial therapy in emergency care settings for suspected sepsis, where prompt administration helps mitigate the risk of organ failure and death.</p> <p>A pack size of five units was recommended to minimise wastage.</p> <p>The PBAC recommended benzylpenicillin be retained on the Prescriber Bag.</p>



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<p>New: diphtheria + tetanus + pertussis vaccine</p> <p>Current option: diphtheria + tetanus vaccine</p>	<p>Not recommended.</p> <p>The PBAC noted stakeholder requests and supporting rationales to list diphtheria + tetanus + pertussis vaccine in the Prescriber Bag.</p> <p>The lack of a PBS General Schedule listing of this vaccine was a significant practical barrier to consideration of inclusion in the Prescriber Bag.</p>
<p>New: fentanyl injection</p> <p>Current options: tramadol and morphine injections</p>	<p>Not recommended.</p> <p>The PBAC noted stakeholder requests and supporting rationales to list fentanyl injections in the Prescriber Bag.</p> <p>This medicine does not have a TGA-approved indication for the proposed use for emergency pain management. The TGA-approved use is for analgesia during pre-medication, induction and maintenance of anaesthesia, as a supplement to general and regional anaesthesia, and in the immediate post-operative period.</p> <p>The lack of a PBS General Schedule listing of fentanyl injection was a significant practical barrier to consideration of inclusion in the Prescriber Bag.</p>
<p>New: droperidol injection</p> <p>Current options: chlorpromazine and haloperidol injections</p>	<p>Not recommended.</p> <p>The PBAC noted stakeholder requests and supporting rationales to list droperidol injection in the Prescriber Bag.</p> <p>The lack of a PBS General Schedule listing of droperidol injection was a significant practical barrier to consideration of inclusion in the Prescriber Bag.</p>
<p>New: olanzapine injection, wafers, orally disintegrating tablets</p>	<p>Not recommended.</p> <p>The PBAC noted stakeholder requests and supporting rationales to list olanzapine in the Prescriber Bag.</p>



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Current options: chlorpromazine and haloperidol injections	<p>For olanzapine injections that are not modified release formulations, the lack of PBS General Schedule listing is a significant practical barrier to consideration of inclusion in the Prescriber Bag.</p> <p>Olanzapine oral formulations are currently not packed in a quantity and manner intended for single use supply.</p>
<p>New: loratadine tablets</p> <p>Current option: promethazine injection</p>	<p>Not recommended.</p> <p>The PBAC noted stakeholder requests and supporting rationales to list loratadine tablets in the Prescriber Bag.</p> <p>The lack of a PBS General Schedule listing is a significant practical barrier to consideration of inclusion in the Prescriber Bag.</p>
Review of all existing Prescriber Bag listings against the algorithm criteria to identify those medicines unsuited for Prescriber Bag listing	
<p>COVID-19 oral antivirals</p> <p>molnupiravir 200 mg capsule, 40</p> <p>nirmatrelvir 150 mg tablet [4] (&) ritonavir 100 mg tablet [2], 5 x 6</p>	<p>Removal from the Prescriber Bag recommended. The General Schedule listing would be retained.</p> <p>The PBAC noted disparate stakeholder views on retention or removal of Prescriber Bag COVID-19 oral antivirals.</p> <p>The PBAC considered that algorithm criteria were not met. The PBAC acknowledged the public health initiatives at the time of listing COVID-19 antiviral medicines in the Prescriber Bag and that inclusion supported timely administration, particularly in the settings of residential aged care and home visits. However, the clinical landscape and the public health response had evolved. COVID-19 is no longer a Communicable Disease Incident of National Significance.</p> <p>Unlike prescribing and supply of General Schedule medicines, the extent of actual medication use by patients versus Prescriber Bag supplies is not known and there is a high potential for wastage. The PBAC noted DUSC advice that this targeted pandemic response may warrant reassessment given the high cost of these medicines, the need for best practice supply and for robust compliance measures to protect public health funding.</p>



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furosemide 20 mg tablets, 50	<p>Deferred.</p> <p>The PBAC noted support from stakeholders to retain oral furosemide in the Prescriber Bag.</p> <p>The PBAC requested the Department investigate with sponsors the availability of a smaller pack size (currently 50 tablets) which may decrease potential wastage and address quality use of medicines concerns.</p>
Prescriber bag listings for endorsed midwives	
benzathine benzylpenicillin 1.2 million units injection	<p>The PBAC recommended that endorsed midwives be added as authorised prescribers for both Prescriber Bag (benzathine benzylpenicillin 1.2 million units) and General Schedule (benzathine benzylpenicillin 1.2 million units and 600 000 units) listings.</p> <p>This will facilitate earlier intervention, improve maternal and neonatal outcomes by reducing congenital syphilis cases, and support the National syphilis response.</p>
adrenaline 1 in 1000 (1 mg/mL) ampoules	<p>The PBAC recommended that endorsed midwives be added as authorised prescribers for this Prescriber Bag listing.</p> <p>This supports endorsed midwives practice as immunisation providers and as first responders in emergency care.</p>